

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	1/23/01
FORMALITY REVIEW	H.A.	858	02-08-01
RESPONSE FORMALITY REVIEW	Request	925	05-04-01

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	6
Original	8/24
1	✓
2	0
3	0
4	✓
5	0
6	0
7	✓
8	0
9	0
10	✓
11	0
12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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